204	40	1 1		Δ		100	Δ	0	1
294	UJ	7	Z	V	U	บ	U	4	T

	Q	90 -	Return of 0	<b>Organization</b>	<b>Exempt</b>	From I	incor	ne Tax	K	OMB No 1545-0047
Fo	_		Under section 501(c), 527,	or 4947(a)(1) of the	e Internal Rever	nue Code (e	except p	rıvate foui	ndations	2019
	v Janua			ocial security num						Open to Public
		of the Treasury enue Service	1	rs.gov/Form990 fo					ara	Inspection
A	For th	e 2019 calend	dar year, or tax year beginr			19, and end			+ -	, 20
В		f applicable	C Name of organization TEN						D Emplo	yer identification number
	Addres	s change	Doing business as						58-16	32437
	Name o	hange	Number and street (or P O b	ox if mail is not deliver	red to street addre	ess)	Room/s	uite	E Teleph	one number
	Initial re	eturn	2 INTERNATIONAL	PLAZA DRIVE	SUITE 425	5			615.3	86.9406
	Final ret	urn/terminated	City or town, state or provinc	•	foreign postal co	de				
	Amended return NASHVILLE, TN 37217 G Gross rec									
<u></u>	Applica	tion pending	F Name and address of principa							
_	<b>~</b>		Plaza, Suite 425				<del>1 1 1</del>			s included? Yes No
<u> </u>		empt status	∑ 501(c)(3)	) ◀ (insert no	) 4947(a)(1	1) or 527				t (see instructions)
<u>х</u>		organization X	ncoalition.org    Corporation	ociation Other ►		L Year of for		(c) Group ex		of legal domicile TN
	art I	Summa	<del></del>	ociationother=		L real of for	mation	1 203	W State (	n legal doffliche 114
	1		cribe the organization's m	ussion or most su	unificant activ	ities Ass	ist d	Omesti	2 710	ence and
ø	'		assault programs,							
and			public: training						miiman	<u> </u>
Activities & Governance	2		box ▶ ☐ if the organizati				ed of m	ore than 2	25% of i	ts net assets
ò	3	Number of	voting members of the go	overning body (Pa	art VI, line 1a)				3	14
حة ده	4	Number of	independent voting mem	bers of the gover	ning body (Pa	ırt VI, line 1	lb)	•	4	14
Iţies	5	Total numb	per of individuals employe	ed in calendar yea	r 2019 (Part V	/, line 2a)		•	5	25
cti∢	6		per of volunteers (estimate	• •	-				6	30
ĕ	7a		ated business revenue fro			EIVE	<b>)</b>		7a	
_	b b	Net unrelat	ed business taxable incor	me from Form 99	0-T, linte 39 C	I La V Ingl			7b	0
		Contributio	one and grants (Dart VIII II	no 1h)	SEP SEP	2 8 2020		Prior Year		Current Year
Jue	8		ons and grants (Part Vill, III ervice revenue (Part VIII, III		SEP	2 9 2020	RS S	2,053	,196	2,355,726 19,730
: Revenue	10	-	: income (Part VIII, column		<u>                                      </u>		-		176	164
202 <b>1</b>	11		nue (Part VIII, column (A),			EN. L	J	j		0
70	12		ue—add lines 8 through 11					2,075	,236	2,375,620
	13	Grants and	rants and similar amounts paid (Part IX, column (A), lines 1–3)							
0	14	Benefits pa	aid to or for members (Par	t IX, column (A), l	ıne 4) .					0
S S S S	15		her compensation, employe			lines 5–10)		1,191	,886	1,289,389
l. l	16a		al fundraising fees (Part IX							0
	b		aising expenses (Part IX, o			48,181				1 000 660
Z	17	-	nses (Part IX, column (A),				-		,768	1,002,660
A	18	-	nses Add lines 13–17 (mu	•	column (A), III	ie 25)		2,060	,582	2,292,049 83,571
Net Assets GCANNED .   Fund Balances	19	Revenue les	ss expenses Subtract line	e to non line 12	<u>.</u>	· · ·	Beginn	ing of Curre		End of Year
ets e	20	Total assets	s (Part X, line 16)				Beginn		,914	867,679
Ass 1 Bai	21		ies (Part X, line 26)						,796	202,990
Net Fun	22		or fund balances Subtrac	ct line 21 from line	e 20 .				,118	664,689
Pa	rt II	Signatur	e Block							
			I declare that I have examined th							knowledge and belief, it is
	e, correct	, and complete	Declaration of preparer (other th	nan orwcer) is based of	n all information o	wnich prepa	arer nas a	iny knowled	e e	+>>
çi.			John W	War.			_		1/2	) d. ()
Sig He		eignatui	le of officer	Execut	To Dice	ctor		Date	4	•
ne	re	Type or	print name and title	Executiv	ye Dire	(101		_		
		<del>'</del>	preparer's name	Preparer's signat	ure - O e	· 1	Date		Check 🛚	] <sub>If</sub> PTIN
Pa		John B	· •			CPA	8/15/	2020	self-emplo	pyed PO1466592
	pare	Comin name		, CPA	<u> </u>	~ • • • • • •		Firm's		
U\$	e Onl	v ——	ess ►134 Northlake	··	dersonvill	e, TN.	37075			.822.4177
May	the IR		nis return with the prepare							✓ 🛛 Yes 🗌 No
For	Paperw	ork Reduction	on Act Notice, see the sepa	rate instructions.			117	'U-	ーノ	Form <b>990</b> (2019)

For Paperwork Reduction Act Notice, see the separate instructions.

Par	t III	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III		
1	Brie	efly describe the organization's mission		<u> </u>
·		sist domestic violence and sexual assault programs, law enforcement, cou	ırts	
		mmunity organizations and the general public: training and techinal assi		
2	Did	the organization undertake any significant program services during the year which were not listed on the		
-		or Form 990 or 990-EZ?	☐ Yes	⊠ No
	lf "Y	Yes," describe these new services on Schedule O		
3		the organization cease conducting, or make significant changes in how it conducts, any program		(TT)
		vices?	☐ Yes	ĭ No
4		Yes," describe these changes on Schedule O scribe the organization's program service accomplishments for each of its three largest program services,	as moat	surad by
-	exp	total expenses, and revenue, if any, for each program service reported		
4a	(Cod		194,62	2)
		evention of domestic violence, sexual assault and stalking, training and	techn	ical
		sistance to domestic violence and sexual assault programs, law enforceme		
		nmunity organizations and the general public. Legal advice and direct re		
		immigrant of domestic and sexual assault.		
			•	
4b	(Coc	de) (Expenses \$including grants of \$) (Revenue \$		_)
			•	
4c	(Cod	de) (Expenses \$including grants of \$) (Revenue \$		_)
		<u></u>		
		<del></del>		
		<del>-</del>		
4d	Othe	er program services (Describe on Schedule O.)	<u> </u>	
	(Ехре	enses \$ including grants of \$ ) (Revenue \$ )		
46	Total	Drogram service expenses	2 11	6 535

# Form 990 (2019) Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		_x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
3  4a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		$-\frac{x}{x}$
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		_X_
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_

Part	IV Checklist of Required Schedules (continued)							
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated							
	employees? If "Yes," complete Schedule J	23		Х				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b							
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u>X</u>				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<del> </del>	_X				
С.	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Х				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d	ļ	_X				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		Х				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		X				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI							
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	Х					
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 23  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (nambling) winnings to prize winners?	10	, l					

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? .	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
-u	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country ▶			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Х
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		х
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Х
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		`	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_ X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
0	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ł	
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	' i	. 1	
2a	against amounts due or received from them )	12a	•	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120		
	Section 501(c)(29) qualified nonprofit health insurance issuers.		. [	+
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O	104		
b	Enter the amount of reserves the organization is required to maintain by the states in which	ľ		ļ
	the organization is licensed to issue qualified health plans			,
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N	;		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes " complete Form 4720. Schedule O			

Part	VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O Check if Schedule O contains a response or note to any line in this Part VI	, and See II	for a	"No"				
Sect	ion A	Governing Body and Management		Ι	<del></del>				
10	Ento	r the number of voting members of the governing body at the end of the tax year .   1a  14		Yes	No				
Id	If the	ere are material differences in voting rights among members of the governing body, or e governing body delegated broad authority to an executive committee or similar mittee, explain on Schedule O.	•						
b	Ente	r the number of voting members included on line 1a, above, who are independent . 14							
2		any officer, director, trustee, or key employee have a family relationship or a business relationship with other officer, director, trustee, or key employee?	2	-	x				
3	supe	he organization delegate control over management duties customarily performed by or under the direct rvision of officers, directors, trustees, or key employees to a management company or other person?	3_		х				
4		ne organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X				
5	5 , 5								
6 7a									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
8	Did t	he organization contemporaneously document the meetings held or written actions undertaken during ear by the following	7b		X				
а	-	governing body?	8a	Х					
b	Each	committee with authority to act on behalf of the governing body?	8b	Х					
9	the o	ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at rganization's mailing address? If "Yes," provide the names and addresses on Schedule O	9_		_x_				
Secti	on B.	Policies (This Section B requests information about policies not required by the Internal Reven	ue C		) 				
			40	Yes	No				
10a		ne organization have local chapters, branches, or affiliates?	10a		X				
11a	affılıa	es," did the organization have written policies and procedures governing the activities of such chapters, tes, and branches to ensure their operations are consistent with the organization's exempt purposes? The organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a	х					
b		ribe in Schedule O the process, if any, used by the organization to review this Form 990	1 I a		_!				
12a		ne organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X					
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
C		he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," nbe in Schedule O how this was done.	12c	Х					
13	Did th	ne organization have a written whistleblower policy?	13	Х					
14	Did th	ne organization have a written document retention and destruction policy?	14	Х					
15	ındep	the process for determining compensation of the following persons include a review and approval by endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		٠.					
а		rganization's CEO, Executive Director, or top management official	15a	X					
b		officers or key employees of the organization	15b	X					
40		s" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	with a	ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement a taxable entity during the year?	16a		X				
Ь	partic	s," did the organization follow a written policy or procedure requiring the organization to evaluate its ipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the ization's exempt status with respect to such arrangements?	16h	* .5					
Secti		Disclosure	16b						
17		e states with which a copy of this Form 990 is required to be filed. Tennessee							
18	Section (3)s of	on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-Toly) available for public inspection. Indicate how you made these available. Check all that apply with which is the second indicate in the second indicate how you made these available. Check all that apply with which is the second indicate how you made these available. Check all that apply with which is the second indicate how you made these available. Check all that apply with which is the second indicate how you made these available. The second indicate how you made these availables check all that apply with the second indicate how you made these availables.							
19	Descr	wit website	inter	est p	olicy,				
20	State	the name, address, and telephone number of the person who possesses the organization's books and recordal. Mallon 2. International Plaza Prive Suite 425, 37217	ords	<b>•</b>					

orm	990	(2019)	

Page 7

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - · List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization noi	any relate	d org	aniz			ompe	<u>nsa</u>	ited any current	officer, director,	or trustee.
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	erson	that both Highest compensated	n an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Micky Yearwood, Board Chair	5			x			-	0	0	0
(2) Sarah Davis, Vice-Chair	1			X				0	0	0
(3) Carey Elzey, Secretary	1			X				0	0	0
(4) Stacy Miller, Treasurer	1			x				0	0	0
(5) Angela Benefield, Board Member	1	х		**				0	0	0
(6) Regina McDevitt, Board Member	1	Х						0	0	0
(7) Carol Burton, Board Member	1	X						0	0	0
(8) Chuck Guamerı, Board Member	1	X					_	0	0	0
(9) Amber Hurdle, Board Member	1	X						0	0	0
(10) Gretchen Walls, Board Member	1	X						0	0	0
(11) Kelly Holmes, Board Member	1	X						0	0	0
(12) Stacey Wolfe, Board Member	1	X						0	0	0
(13) Sheena Murphy, Board Member	1	X			-			0	0	0
(14) Graham Hodges, Board Member	1	X					_	0	0	0

Pai	t VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	nsated Empl	oyees	(conti	nued)
	(A) Name and title	(B) Average hours per week	box,	unles er an	Pos heck ss pe	erson	e than o	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	1	(F) nated an of other mpensat	•
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	orga	from the inization I organiz	e and
	Kathy Walsh, Executive	40											
(16)	Director	<del></del>				X			134,472	C			0
_													
(17)		ļ											
		L							. <u></u>		1		
			<u> </u>			_		_			-		
		L											
(20)								:					
(21)						-		-		<del></del>	<del> </del>		
										<del></del>			
(22)													
(23)		-											
(24)											-		
											<u> </u>		
(25)		 											
1b					•			<b>•</b>	134,472	0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A				•	<b>\</b>	134,472		1		
2	Total number of individuals (including but		to th	ose	lıst	ed a	bove	e) w				<del></del>	
	reportable compensation from the organi	zation >										Yes	No No
3	Did the organization list any former of							mple	oyee, or highes	t compensated		163	100
	employee on line 1a? If "Yes," complete S For any individual listed on line 1a, is the							n a:	· · · · ·		3	-	X
4	organization and related organizations individual	greater tha	an \$1	50,0	000	ipei ? <i>If</i>	"Yes	n ar S,"	complete Sched	fule J for suci	4	ļ	X
5	Did any person listed on line 1a receive of for services rendered to the organization?									ion or individua 	5	-	x '
	ion B. Independent Contractors												
1	Complete this table for your five high compensation from the organization Repo												
-	(A) Name and business addr								(B) Description of serv		(C) Compen	)	
·									<del> </del>				
	Total number of independent contracts	ra (maludi-	a b		<b>.</b> 1-	mı*	nd 45	4 h	aca listed share	a) who			
2	Total number of independent contractor received more than \$100,000 of compensations.							ui	Jac nated ADOVE	e) who			

Form 990 (2019)

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to	any line in this Pa	art VIII		
_			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–614
Contributions, Gifts, Grants and Other Similar Amounts	1a b					,
ي ق	C		7			
ifts,	d	· · ·				
<u>a</u>	е	Government grants (contributions) 1e 2,035,93	5			
Sin	f	All other contributions, gifts, grants,				
ž ž		and similar amounts not included above 1f 305, 69	6			
급등	g	·		•		
ë ë	١.	lines 1a–1f 1g \$	3 355 305			
	l li	Total. Add lines 1a–11	<del></del>	- 1,	1	<u> </u>
ø	2a	Conferences and training	19,730	19,730		
ž Ž.	1 .	conterences and craining	15,750	13,750		
Program Service Revenue	C					
ameve	d					
ğã	е					
P.	f	All other program service revenue				
	y	Total. Add lines 2a-2f	19,730			
	3	Investment income (including dividends, interest, an		1		
		other similar amounts)	164	164		
	4	Income from investment of tax-exempt bond proceeds	<u> </u>			
	5	Royalties (i) Real (ii) Personal				
	6a	Gross rents 6a		]		1
	b	Less rental expenses 6b	-			į
	C		<del>o</del> l			! i
	d	Net rental income or (loss)	0			
	7a	Gross amount from (i) Securities (ii) Other				
		sales of assets				
		other than inventory 7a				
ne	b	Less cost or other basis				,
Revenue		and sales expenses 7b				
	C		0			
Other	g g	Net gain or (loss)  Gross income from fundraising	0			
ਰ	Va	events (not including \$				,
		of contributions reported on line				
		1c) See Part IV, line 18 . 8a				
	b	Less direct expenses . 8b .				
	С	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming			•	
		activities See Part IV, line 19 9a	_			
	b	Less direct expenses	. 0		·	'
	C	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances 10a	] , ]	, ,		
	b	Less cost of goods sold . 10b	╡.			
		Net income or (loss) from sales of inventory	0			
ပ္ခ		Business Code				
e e	11a					
Miscellaneous Revenue	b					
e ce	C	All 11				
ا تا <u>عا</u>		All other revenue .				
	<u>e</u> 12	Total Add lines 11a–11d  Total revenue. See instructions	2,375,620	19,894		
	14	TOTAL LEVELUE, DECINSTRUCTIONS		17.0741		

Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp			must complete colun	nn (A)
	Check if Schedule O contains a response	· · · · · · · · · · · · · · · · · · ·			<u></u> <u></u>
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		1		
7	Other salaries and wages .	1,090,900	1,003,628	72,272	15,000
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	. 19,549	19,549		
9	Other employee benefits	95,838	77,087	18,751	
10	Payroll taxes	83,102	76,425	5,529	1,148
11	Fees for services (nonemployees)				
а	Management				
b	Legal				
С	Accounting .	2,750		2,750	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	11,965	11,443	522	
14	Information technology				
15	Royalties				
16	Occupancy . [	116,190	106,404	9,786	
17	Travel	140,731	140,731		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings . [				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	12,367		12,367	
24	Other expenses. Itemize expenses not covered				Ì
	above (List miscellaneous expenses on line 24e if	• `	, [		1
	Inne 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	,,,,, <u>,</u> ,,,	•		
а	Telephone	7,134	6,778	356	
b	Supplies	125,342	88,309	5,000	32,033
C	Contracted services	554,982	554,982		
ď	Client assistance	29,878	29,878		<del></del> _
е 25	All other expenses Dues Total functional expenses Add lines 1 through 249	1,321	2,116,535	127 222	40 101
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	2,292,049	2,110,535	127,333	48,181
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		. 🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	419,005	1	279,229
	2	Savings and temporary cash investments	46,586		51,861
	3	Pledges and grants receivable, net	328,480	3	523,242
	4	Accounts receivable, net		4	5,300
	5	Loans and other receivables from any content or former officer, director,		<u> </u>	
		trustee, key employed, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	Secretary Secretary Secretary Secretary		mark & war a
	6	Loans and other receivables from other disqualitied persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	#/ /	6	
ts	7	Notes and loans receivable, net		7_	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,843	9	8,047
	10a	Land, buildings, and equipment cost or other	, , , , , , , , , , , , , , , , , , , ,		
		basis Complete Part VI of Schedule D 10a 84, 157	A		
	b	Less: accumulated depreciation 10b 84,157		10c	0
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 .		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	799,914	16	867,679
	17	Accounts payable and accrued expenses	82,049		139,156
	18	Grants payable		18	
	19	Deferred revenue	136,747	19	63,834
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D .		21	
ıΩ.	22	Loans and other payables to any current or former officer, director,	9. 77.		
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	ar mengen an an an an	12.1	* s .4 .1 .1
ا ق		controlled entity or family member of any of these persons	The state of the s	22	Process and an analysis of all their
≝	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X			
- [		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	218,796	26	202,990
nces		Organizations that follow FASB ASC 958, check here ► ⊠ and complete lines 27, 28, 32, and 33.			}
జ	27	Net assets without donor restrictions	581,118	27	664,689
<u>aa</u>	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.			,
ㅎ	29	Capital stock or trust principal, or current funds		29	· · · · · · · · · · · · · · · · · · ·
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ŝ	31	Retained earnings, endowment, accumulated income, or other funds .		31	
ا <u>ب</u> ا	32	Total net assets or fund balances	581,118	32	664,689
Se	33	Total liabilities and net assets/fund balances	799, 914	$\overline{}$	867,679

Page	e 1	2
rage	2 1	_

Form	990	(2019)	

Pai	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	·	<u>.                                    </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>, 375</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	,292	,049
3	Revenue less expenses Subtract line 2 from line 1			<u>, 571</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		<u> 581</u>	,118
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments	<u>_</u>		
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))		664	, 689
Par	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990  Cash  Accrual  Other	^		
	If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O	in		,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		l
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled reviewed on a separate basis, consolidated basis, or both	or		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on separate basis, consolidated basis, or both	а		
				,
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?	of 2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.	on .		}
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne <b>3a</b>	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	ne 3b	х	
		Fo	rm <b>990</b>	(2019)

## **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

	or the organization					Linployer identification	i number
	NESSEE COALITION TO END				to this n	58-1632437	
	Reason for Public Cha organization is not a private found:						ons
1	Diganization is not a private round.  ☐ A church, convention of church		•		-		$\mathcal{A}$
2	☐ A school described in section						NJ
3	☐ A hospital or a cooperative ho		•				U °
4	A medical research organization	on operated in c	conjunction with a hos	pital desc	ribed in	section 170(b)(1)(A)	
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)						
6 7							
8	☐ A community trust described i	n <b>section 170</b> (b	)(1)(A)(vi). (Complete	Part II)			
9	An agricultural research organ or university or a non-land-grauniversity	int college of ag	riculture (see instructi	ons) Ente	er the nar	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un	inctions—subject to c irelated business taxa	ertain exc ble incom	ceptions, ie (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its
11	An organization organized and	l operated exclu	sively to test for publi	c safety.	See <b>sect</b>	ion 509(a)(4).	
12	☐ An organization organized and						
	of one or more publicly support Check the box in lines 12a thro	ugh 12d that de	scribes the type of sup	pporting c	rganızatı	on and complete line	es 12e, 12f, and 12g
а	Type I. A supporting organ the supported organization supporting organization Y	(s) the power to	regularly appoint or e	elect a ma	jority of t		
b	Type II. A supporting orga control or management of organization(s) You must	the supporting o	organization vested in	the same			
C	Type III functionally integ						ally integrated with,
d	Type III non-functionally integrated that is not functionally integree requirement (see instruction	grated The orga	inization generally mu	st satisfy	a distribi	ution requirement an	
е	Check this box if the organ functionally integrated, or	ization received	a written determination	on from th	ne IRS th	at it is a Type I, Type	e II, Type III
f	Enter the number of supported of	• •			, ga Lat		
g	Provide the following information		orted organization(s)			-	
	(I) Name of supported organization	(iı) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(Iv) Is the o listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)					-		
(E)		,					

18

Schedule A (Form 990 or 990-EZ) 2019 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2,332 2,265 1,940 2,075 2,375 10,987 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 2,332 2,265 2,075 2,375 10,987 Total. Add lines 1 through 3. . . 1,940 4 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4 10,987 Section B. Total Support (e) 2019 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 Amounts from line 4 1,940 2,075 2,375 10,987 2,332 2,265 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from sımılar sources Net income from unrelated business activities, whether or not the business is regularly carried on . . . . Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 10,987 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . . Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 100.00% 14 15 Public support percentage from 2018 Schedule A, Part II, line 14 15 100.00% 331/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization X 331/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2019. If the organizat 10% or more, and if the organization meets the "facts-and-Part VI how the organization meets the "facts-and-circumsta organization

<b>,</b>		
	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶	
	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Part							7
	(Complete only if you checked t						nder Part II/
	If the organization fails to qualify	y under the te	ests listed bel	ow, please c	omplete Part	II )	
	ion A. Public Support	1 ( ) 2245	T (1) 0040	41,0047	(1) 0040	4-1-0040	10.7
	ndar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	ļ	<del> </del>	<del> </del>	<del> </del>	<b>-</b>	/
_	sold or services performed, or facilities					/	1
	furnished in any activity that is related to the						
3	organization's fax-exempt purpose .  Gross receipts from activities that are not an	ļ		-	<del> </del>		
3	unrelated trade or business under section 513						
4	Tax revenues levied for the			ļ.			
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3					_	
	received from disqualified persons				/		
b	Amounts included on lines 2 and 3	1					
	received from other than disqualified						
	persons that exceed the greater of \$5,000	ŀ	1				İ
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b		ļ	/	ļ		
8	Public support. (Subtract line 7c from			/ <i>:</i> ,			
Socti	on B. Total Support	<u> </u>	/	· · ·	<u> </u>		<u></u>
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(a) 2013	(6) 2010	(0) 2017	(u) 2010	(6) 2013	(i) Total
-	Gross income from interest, dividends,				<del> </del>		
	payments received on securities loans, rents,				:		
	royalties, and income from similar sources	1	./				
b	Unrelated business taxable income (less				-		
	section 511 taxes) from businesses		ł				
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business	<u> </u>					
	activities not included in line 10b, whether						
	or not the business is regularly carried on	Ĺ	<u> </u>				
12	Other income Do not include gain or						
	loss from the sale of capital assets		1	•			
	(Explain in Part VI).						<del></del>
13	Total support. (Add lines 9, 10c, 11,		}				
44	and 12)		1-6-4	d Alband Counts	665		F04(-)(2)
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon	a, tnira, tourtn	i, or tiπn tax ye	ear as a section	on 501(c)(3)
Saati	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8			13 column (ft)		15	%
16	Public support percentage for 2019 (line of Public support percentage from 2018 Sch		-	is, column (i))	• •	16	
	on D. Computation of Investment In			<del></del>	<del></del>		
17	Investment income percentage for 2019 (			v line 13. colu	ımn (f))	17	%
18	Investment income percentage from 2018			, mic 10, 00ia		18	<del></del>
19a	33 <sup>1</sup> / <sub>3</sub> %/support tests—2019. If the organ			on line 14. ai	nd line 15 is m		
	17 is not more than 331/3%, check this box						
b	33 <sup>2</sup> /3% support tests—2018. If the organiz	•	-				_
-	line 18 is not more than 331/3%, check this I						
20 /	Private foundation. If the organization di	d not check a	box on line 14	19a, or 19b, o	check this box	and see instru	

# Part IV

# **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	-	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a		3a		- • -
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b	,	,
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		-
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		į,
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Fart VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	-	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		٠.
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		-
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		,
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		-
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	~	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Page	5
rage	v

Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		
	ion B. Type I Supporting Organizations	1110	L	l
300.			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
2		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	-	'
Sect	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	-		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		'
Sect	on D. All Type III Supporting Organizations			
9000	on D. All Type in Supporting Significations .		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			1
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			,
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	-	a
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	* _	: .	4
	supported organizations played in this regard.	_3	1	
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	5)
a b	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i> ☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
C	The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in:	structi	ons)
2	Activities Test Answer (a) and (b) below.	[	Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		.	•
	those supported organizations and explain how these activities directly furthered their exempt purposes,	- 4	.	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	-		
<b>L</b>	·	2a		<del></del> i
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ŀ		ļ
	reasons for the organization's position that its supported organization(s) would have engaged in these	-		
	activities but for the organization's involvement.	2b	- •	- •
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	]	ľ	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		

1 Check here if the organization satisfied the Integral Part Test as a qualifying			ain in Part V/I\ Soo
instructions. All other Type III non-functionally integrated supporting organization			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			<b>*</b> ,
a Average monthly value of securities	1a		<u> </u>
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)		•	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	4.4	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
<ul> <li>Check here if the current year is the organization's first as a non-functionall instructions)</li> </ul>	بنب	egrated Type III supporting	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted		
3	Administrative expenses paid to accomplish exempt purp	inizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to whice (provide details in Part VI) See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6		<del></del>	
10	Line 8 amount divided by line 9 amount			
_	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015 .			
С	From 2016			
d	From 2017			
е	From 2018 .			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount .			
i	Carryover from 2014 not applied (see instructions)		·	·
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result . greater than zero, explain in Part VI. See instructions			,
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j and 4c			
8	Breakdown of line 7			-
а	Excess from 2015			,
b	Excess from 2016			
С	Excess from 2017 .	F		
d	Excess from 2018 .			
е	Excess from 2019 .			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
	<u> </u>
	····

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- · Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- · Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Se	ection 501(c)(4), (5), or (6) org	anizations Complete Part III			
Name	of organization			Employer ide	entification number
TENN	ESSEE COALITION T	O END DOMESTIC AND SE	XUAL VIOLENCE	58-16324	37
.Part	I-A. Complete if the	e organization is exempt u	nder section 501	(c) or is a section 527	organization.
1	Provide a description of definition of "political ca	of the organization's direct and mpaign activities")	I indirect political c	ampaign activities in Pa	rt IV (see instructions fo
2	•	ty expenditures (see instructions	s) .	▶	\$
3	· -	ical campaign activities (see ins	•		(
Part	-B Complete if th	e organization is exempt u	nder section 501	(c)(3).	
1		excise tax incurred by the organ			\$ (
2	Enter the amount of any	excise tax incurred by organiza	tion managers unde	r section 4955 .	\$
3	If the organization incurr	ed a section 4955 tax, did it file	Form 4720 for this y	rear? .	Yes No
4a	Was a correction made?		•	•	🗌 Yes 🔲 No
b	If "Yes," describe in Part				
Part		e organization is exempt u		<del>`                                    </del>	1(c)(3).
1	Enter the amount direct activities	tly expended by the filing orga	anızatıon for section		\$
2	Enter the amount of the 527 exempt function act	filing organization's funds con	tributed to other or	ganizations for section	\$
3	•	expenditures Add lines 1 and	I 2. Enter here and	on Form 1120-POL,	\$
4		n file Form 1120-POL for this ye	· aar?		Yes No
5	Enter the names, addres organization made paym the amount of political co	ses and employer identification ents. For each organization liste ontributions received that were plushed or a political action committed.	number (EIN) of all sed, enter the amount oromptly and directly	paid from the filing orgai delivered to a separate	nization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

Sch	edule C (Form 990 or 990-EZ) 2019					P	age 2		
Pa	ort II-A Complete if the organization section 501(h)).	on is exempt (	under section 5	01(c)(3) and file	d Form 5768 (el	ection unde	r		
A									
	address, EIN, expenses, and		• •						
B	Check ▶ ☐ if the filing organization chec	ked box A and '	'limited control" p	rovisions apply.					
		bying Expendit			(a) Filing	(b) Affiliated			
	(The term "expenditures" m	neans amounts	paid or incurred.	<u>)                                    </u>	organization's totals	group total	s		
1	a Total lobbying expenditures to influence	e public opinion	(grassroots lobby	ing)	0		0		
	b Total lobbying expenditures to influence	e a legislative bo	dy (direct lobbying	g)	0		0		
	c Total lobbying expenditures (add lines	1a and 1b)			0		0		
	d Other exempt purpose expenditures				0		0		
	e Total exempt purpose expenditures (ad	d lines 1c and 1	d)		0		0		
	f Lobbying nontaxable amount Enter	the amount fr	om the following	table in both					
	columns				0		0		
	If the amount on line 1e, column (a) or (b) is	s: The lobbying	nontaxable amoun	t is:	. 1	_	•		
	Not over \$500,000	20% of the an	nount on line 1e			,	,		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000	ľ		j		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess	over \$1,000,000	,		1		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000		ì	•		
	Over \$17,000,000	\$1,000,000				, , , , , , , , , , , , , , , , , , ,			
	g Grassroots nontaxable amount (enter 2	5% of line 1f)	•	•	0		0		
1	h Subtract line 1g from line 1a If zero or I	ess, enter -0-			0		0		
i	i Subtract line 1f from line 1c If zero or le	ess, enter -0-		•	0		0		
-	j If there is an amount other than zero reporting section 4911 tax for this year			the organization	file Form 4720	Yes _	No		
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  See the separate instructions for lines 2a through 2f.)								
_	Lobbying	g Expenditures	During 4-Year A	veraging Period					
	Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	( <b>d</b> ) 2019	(e) Total			

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	( <b>d)</b> 2019	(e) Total				
2a	Lobbying nontaxable amount	0	0	0	0	0				
b	Lobbying ceiling amount (150% of line 2a, column (e))					_0				
С	Total lobbying expenditures	0	0	0	0	0				
d	Grassroots nontaxable amount	0	0	0	0	0				
е	Grassroots ceiling amount (150% of line 2d, column (e))			7		0				
f	Grassroots lobbying expenditures	0	0	0	0	0				

Schedule C (Form 990 or 990-EZ) 2019

	(election under section 501(h)).		 a)		(b)	
	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ption of the lobbying activity.	Yes	No	Α	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				· ·	
а	Volunteers?	X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				• • '
С	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		Х			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
	Other activities?		X			
J	Total Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	1		•	-	4
	If "Yes," enter the amount of any tax incurred under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part l		(5), c	or se	ction		
	501(c)(6).				<del></del>	
					Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?			1	┼──	<u> </u>
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?.  Did the organization agree to carry over lobbying and political campaign activity expenditures from the properties of the prope	orior i	aar?	2	├	<del></del> -
Part I					<u></u>	·
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR answered "Yes."		Part		line 3	3, is
1	Dues, assessments and similar amounts from members		_1			
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of	ن نديا			
	Current year		2a			
	Carryover from last year	- }	2b			
-	Total	}	2c			
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of t	ibo	,			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyi		•			
	and political expenditure next year?	.	4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part						
	the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou	ıp lıst	), Par	t II-A, i	ines 1	and
(see ı	nstructions), and Part II-B, line 1 Also, complete this part for any additional information					
<del>-</del>	·					
					·	

Schedule C (Forr	nedule C (Form 990 or 990-EZ) 2019 Page 4						
Part IV	Supplemental Information (continued)						
		*					
<del></del>							
· · · · · · · · · · · · · · · · · · ·		·					
		·					
<b>-</b>							
		/					
	•••••••••••••••••••••••••••••••••••••••						

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2019

Open to Public Inspection

Name	of the organization		Employer identification number		
TENI	NESSEE COALITION TO END DOMESTIC AND	SEXUAL VIOLENCE	58-1632437		
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ids or Accounts.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year) .				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor				
	funds are the organization's property, subject to th	e organization's exclusive legal contro	ol? ☐ Yes ☐ No		
6	Did the organization inform all grantees, donors, a				
	only for charitable purposes and not for the benef	fit of the donor or donor advisor, or f	or any other purpose		
	conferring impermissible private benefit?	<u> </u>	· · Yes 🗋 No		
Pai	t II Conservation Easements.				
	Complete if the organization answered '				
1	Purpose(s) of conservation easements held by the				
	Preservation of land for public use (for example, recre	eation or education) 🔲 Preservation of	f a historically important land area		
	Protection of natural habitat	☐ Preservation of	f a certified historic structure		
	☐ Preservation of open space				
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution			
	easement on the last day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easement				
С	Number of conservation easements on a certified h	· ·	2c		
ď	Number of conservation easements included in	(c) acquired after 7/25/06, and not	on a		
	historic structure listed in the National Register	•	. 2d		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or tern	ninated by the organization during the		
	tax year ►				
4	Number of states where property subject to conser				
5	Does the organization have a written policy required violations, and enforcement of the conservation early	sements it holds?	· · · · · · · · · · · · · · · · · · ·		
6	Staff and volunteer hours devoted to monitoring, inspect		-		
7	Amount of expenses incurred in monitoring, inspecting  \$ \bigset\$		•		
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	• • • • • • • • • • • • • • • • • • • •	section 170(h)(4)(B)(i)  Yes No		
9	In Part XIII, describe how the organization reports of				
	balance sheet, and include, if applicable, the text or organization's accounting for conservation easeme		ancial statements that describes the		
Part	Organizations Maintaining Collections Complete if the organization answered "	•	Other Similar Assets.		
10	If the organization elected, as permitted under FAS		us statement and balance shoot works		
1a	of art, historical treasures, or other similar assets service, provide in Part XIII the text of the footnote to	held for public exhibition, education	, or research in furtherance of public		
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held	for public exhibition, education, or re-			
	provide the following amounts relating to these item	ns			
	(i) Revenue included on Form 990, Part VIII, line 1		. \$		
	(ii) Assets included in Form 990, Part X		. <b>&gt;</b> \$		
2	If the organization received or held works of art, following amounts required to be reported under FA		assets for financial gain, provide the		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$		
h	Assets included in Form 990, Part Y		•		

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Page	Z

Schedule	D (Form	990) 2019

Par	Organizations Maintaining	Coll	ections of	Art, His	storical	Treasures	, or O	her Similar As	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply)		ssion, and o	ther reco	ords, ched	ck any of th	e follov	ving that make s	significant use of its
а	☐ Public exhibition			d		or exchang			
b	☐ Scholarly research			е	☐ Othe	er	. <b></b>		
С	Preservation for future generation								
4	Provide a description of the organiza XIII								
5	During the year, did the organization								ar
	assets to be sold to raise funds rathe			ained as	part of th	e organizati	on's co	ollection?	☐ Yes ☐ No
Par	art IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form								
10	990, Part X, line 21.  Is the organization an agent, trustee	- Cuct	lodion or of	hor inter	nediani f	or contribut	ione o	other assets n	
1a	included on Form 990, Part X? .	, cusi	louian or or	ner mien	necially i	or continuat	10115 01	Other assets in	☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XII	 Il and comn	ete the fo	ollowina t	able			
	ii res, explain the arrangement ii r	G11 7(1)	n ana oomp		onowing (	abio		A	mount
С	Beginning balance						10	;	
d	Additions during the year						10	1	
е	Distributions during the year .		,				1e		
f	Ending balance					,	1f		
2a	Did the organization include an amou								/ <sup>?</sup> ☐ Yes ☐ No
	If "Yes," explain the arrangement in P	art XII	II Check he	re if the e	xplanatio	n has been	provide	ed on Part XIII	
Par	V Endowment Funds.					5 . 0	4.0		
	Complete if the organization							(d) Three years bac	k (e) Four years back
4-	Daniel and the land	(a)	Current year	(6) PI	or year	(c) Two year	S back	(d) Three years back	(e) Four years back
1a	Beginning of year balance .	<del> </del>		<del> </del>		<del> </del>			
b	Contributions Net investment earnings, gains, and	<del> -</del>							<del></del> -
	losses		·			-			
đ	Grants or scholarships	<u> </u>							<del> </del>
е	Other expenditures for facilities and programs								
f	Administrative expenses			ļ <u> </u>					<del> </del>
g	End of year balance	Ļ		l <u></u>		1			
2	Provide the estimated percentage of t		rrent year ei		ce (line 1g	j, column (a	)) neid a	as	
a	Board designated or quasi-endowment Permanent endowment ▶	™ <b>~</b> %	·	%					
b c	Term endowment ▶ %								
C	The percentages on lines 2a, 2b, and		ould equal 1	00%					
3a	Are there endowment funds not in the				zation th	at are held a	and ad	ministered for th	ne
	organization by	•		Ŭ					Yes No
	(i) Unrelated organizations		•						3a(i)
	(ii) Related organizations		•	•				•	3a(ii)
b	If "Yes" on line 3a(ii), are the related o								3b
4	Describe in Part XIII the intended uses			on's endo	owment for	unds.			
Part Part					000 7	n . r			5
	Complete if the organization	ansv							
	Description of property	l	(a) Cost or of (investm			or other basis ther)		Accumulated epreciation	(d) Book value
1a	Land			•	<del> </del>	·	1	-	
	Buildings	. }					•	<del>· · ·  </del>	
c	Leasehold improvements	<u> </u>			-			<del></del>	
ď	Equipment	<u> </u>		<u>-</u> -	<del> </del>	84,157		84,157	0
e	Other	.			ļ				<u>_</u>
otal	Add lines 1a through 1e (Column (d) m	rust e	aual Form 9	90. Part 2	X. column	(B). line 10	c.)	•	0

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on For	rm 990 Part IV line	11h See Form 990 Part X line 1
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial	derivatives		
	neld equity interests		
(3) Other		-	
(A)			
(B) (C)		- <del></del>	<del></del>
(D)			
(E)		-	<del></del>
\-(F)			
(G)			
(H)	•		
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 12). 🕨		
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on For		
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)		<u> </u>	
(6)			
(7)			
(8)			
(9)	nn (b) must equal Form 990, Part X, col (B) line 13).		<u> </u>
Part IX	Other Assets.	l	<del></del>
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11d. See Form 990, Part X, line 19
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)		<del></del>	
(5)		<del></del>	
(6) (7)			
(8)			
(9)			
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Foruline 25	m 990, Part IV, line <sup>-</sup>	11e or 11f See Form 990, Part X,
l.	(a) Description of liability		(b) Book value
(1) Federal inc	come taxes		
(2)			
(3)		<del></del>	
(5)			
(6)			
(7)	· · · · · · · · · · · · · · · · · · ·		<del></del>
(8)			
(9)			
	on (h) must equal Form 900, Part Y, col. (R) line 25.)		<b>N</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Par			•	r Retu	rn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	2,375,620
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities .	2b		_}	
С	Recoveries of prior year grants	2c		_ '	
d	Other (Describe in Part XIII.)	2d		_][	
е	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	2,375,620
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1 1	i
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			,
b	Other (Describe in Part XIII )	4b	<u> </u>		
С	Add lines 4a and 4b		•	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	2,375,620
Part				er Rei	turn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a	<del></del>	
1	Total expenses and losses per audited financial statements	•		1	2,292,049
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 -	1		
a	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b		-	
С.	Other losses .	2c		-	
d	Other (Describe in Part XIII )	2d	<u> </u>		
e	Add lines 2a through 2d			2e	0 000 040
3	Subtract line 2e from line 1	1 .		3	2,292,049
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			li	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>	-	
b	Other (Describe in Part XIII.)	4b			0
С 5	Add lines 4a and 4b	18 l		4c	2 202 040
	XIII Supplemental Information.	16 10)	· · · · · · · · · · · · · · · · · · ·	3	2,292,049
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b. Also complete this part				
<b>.</b> _					
		<b></b>			
			•••••		

Schedule D (Form 990) 2019 Page 5						
Part XIII	Supplemental Information (continued)					
	•					
	•					
<del>-</del> -						
	,					
	<u>.</u>					
	······································					
	,					
		***************************************				
	·					

# **SCHEDULE G** (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

	ment of the Treasury I Revenue Service		Attach to Form //Form990 for i		990-EZ. and the latest informa	tion.	Open to Public	
Name	of the organization					Employer identifi		
TEN	NESSEE COALITION TO END	DOMESTIC .	AND SEXU	AL VIOL	ENCE	58-1632437	1	
Par	Fundraising Activities. Form 990-EZ filers are	. Complete if to	he organiza complete	ation answ this part.	vered "Yes" on	Form 990, Part IV,	line 17	
1	Indicate whether the organization				owing activities. C	heck all that apply.		
а	☐ Mail solicitations	<u> </u>						
b	☑ Internet and email solicitation	<ul> <li>✓ Internet and email solicitations</li> <li>f ☒ Solicitation of government grants</li> </ul>						
С	☐ Phone solicitations		g 🛚	Special:	fundraising events	3		
d	☐ in-person solicitations							
2a	Did the organization have a wri							
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pi	ursuant to agreen	ents under which th	ne fundraiser is to be	
	(i) Name and address of individual or entity (fundraiser)			r control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
1								
2						<del></del>		
3			<del> </del>					
4								
5			·	. <u> </u>				
6						<u> </u>		
7								
8								
9			1	`				
10			<del> </del>		-			
Total		<del></del>	<del></del>	<b>.</b>				
3	List all states in which the orga registration or licensing	inization is regis	stered or lice	ensed to s	olicit contribution	s or has been notifi	ed it is exempt from	
Tenn	0000							
·								
•	·····		·····					
·								

ľ		(a) Event #1 Pearls (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
anua 1	Gross receipts	145,749			145,749
x   2	Less Contributions .				(
3	Gross income (line 1 minus line 2)	145,749			145,749
4	Cash prizes				(
5	Noncash prizes				(
6	Rent/facility costs .	3,000			3,000
6 7 8 8	Food and beverages .	25,000			25,000
8	Entertainment	2,000			2,000
		2 022			2,033
9	Other direct expenses .	2,033			
10	Direct expense summary Add	lines 4 through 9 in co it line 10 from line 3, co organization answe	olumn (d)	90, Part IV, line 19, c	32,033 113,716
10 11 art II	Direct expense summary Add Net income summary Subtract Gaming. Complete if the	lines 4 through 9 in co it line 10 from line 3, co organization answe	olumn (d)	90, Part IV, line 19, c	32,033 113,716
10	Direct expense summary Add Net income summary Subtract Gaming. Complete if the	lines 4 through 9 in co of the 10 from line 3, co organization answe line 6a	olumn (d) red "Yes" on Form 9 (b) Pull tabs/instant		32,033 113,716 or reported more than (d) Total gaming (add
10 11 art II	Direct expense summary Add Net income summary Subtract Gaming. Complete if the \$15,000 on Form 990-EZ,	lines 4 through 9 in co of the 10 from line 3, co organization answe line 6a	olumn (d) red "Yes" on Form 9 (b) Pull tabs/instant		32,033 113,716 or reported more than (d) Total gaming (add
10 11 art II	Direct expense summary Add Net income summary Subtract Gaming. Complete if the \$15,000 on Form 990-EZ,	lines 4 through 9 in co of the 10 from line 3, co organization answe line 6a	olumn (d) red "Yes" on Form 9 (b) Pull tabs/instant		32,033 113,716 or reported more than (d) Total gaming (add
10 11 art II	Direct expense summary Add Net income summary Subtract Gaming. Complete if the \$15,000 on Form 990-EZ,  Gross revenue	lines 4 through 9 in co of the 10 from line 3, co organization answe line 6a	olumn (d) red "Yes" on Form 9 (b) Pull tabs/instant		32,033 113,716 or reported more than (d) Total gaming (add
10 11 art III	Direct expense summary Add Net income summary Subtract Gaming. Complete if the \$15,000 on Form 990-EZ,  Gross revenue  Cash prizes  Noncash prizes	lines 4 through 9 in co organization answe line 6a (a) Bingo	olumn (d) red "Yes" on Form 9  (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	32,033 113,716 or reported more than (d) Total gaming (add
10 11 art II	Direct expense summary Add Net income summary Subtract Gaming. Complete if the \$15,000 on Form 990-EZ,  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	lines 4 through 9 in co organization answe line 6a (a) Bingo	olumn (d) red "Yes" on Form 9  (b) Pull tabs/instant bingo/progressive bingo		32,033 113,716 or reported more than (d) Total gaming (add
10 11 art III 2 3 4 5	Direct expense summary Add Net income summary Subtract Gaming. Complete if the \$15,000 on Form 990-EZ,  Gross revenue	lines 4 through 9 in coordine 10 from line 3, coordine 6a  (a) Bingo  Yes%  No	olumn (d) red "Yes" on Form 9  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming	32,033 113,716 or reported more than (d) Total gaming (add
10 11 art III 2 3 4 5	Direct expense summary Add Net income summary Subtract Gaming. Complete if the \$15,000 on Form 990-EZ,  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Innes 4 through 9 in coordinate 10 from line 3, coordination answer line 6a  (a) Bingo  Yes%  No	olumn (d) red "Yes" on Form 9  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No	(c) Other gaming  Yes % No	32,033 113,716 or reported more than (d) Total gaming (add

scneau	ile G (Form ago of ago-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility		<u>%</u>
b	An outside facility		%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ►		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
	Name ▶		
	Address ▶		
16	Gaming manager information.		
	Name ►		·
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year   \$ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions		
	······································		

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization TENNESSEE COALITION TO END DOMESTIC AND SEXUAL VIOLENCE 58-1632437 Part VI. Full Board reviews. Part VI. 12c Fill Board reviews all such items. Part VI-B 15b Full Board reviews.